



BUSINESS LICENSE COMMISSION

COUNTY OF LOS ANGELES

374 KENNETH HAHN HALL OF ADMINISTRATION

500 WEST TEMPLE STREET

LOS ANGELES, CA 90012

(213) 974-7691

www.board.co.la.ca.us/blc



MEMBERS

STEVEN AFRIAT

PRESIDENT

RENÉE CAMPBELL

VICE-PRESIDENT

SARA VASQUEZ

SECRETARY

JAMES BARGER

COMMISSIONER

SHAN LEE

COMMISSIONER

June 25, 2014

Kimberly Griffin
24 Hour Fitness USA, Inc.
24 Hour Fitness #169
P.O. Box 2409
Carlsbad, CA 92018

HEARING ON APPLICATION FOR HEALTH SPA/CLUB/SC BUSINESS LICENSE ID #140145

Dear Applicant:

The Business License Commission will hold a hearing on the above matter on **Wednesday, July 9, 2014 at 9:00 a.m.** in Room 374-A, 500 West Temple Street, Los Angeles, CA 90012. Your presence is requested at this hearing. If you are unable to attend you may authorize a representative to appear on your behalf. The representative must present signed and duly notarized letter giving authorization and the reasons you are unable to appear.

RIGHT TO REPRESENTATION / FOREIGN LANGUAGE SPEAKERS

You have the right to be represented at this hearing by an attorney or other individual of your choosing and at your own cost. In the absence of a representative, you must represent yourself and the hearing will proceed as scheduled.

If you require a translator, you must arrange at your own cost to have present at the hearing either **a professional/certified interpreter or other person who is fluent in both English and your native language.** If you are unable to locate an interpreter, please contact our office and you will be provided a list of interpreting services.

Parking is available at your cost; a map is enclosed for your convenience. **Please note proceedings begin promptly at 9:00 a.m. The Business License Commission reserves the right to reschedule your hearing to a later date for failure to timely appear.**

Sincerely,

STEVEN AFRIAT
President

Lupe Duron
Commission Staff

NOTICE TO PRINTER
STATE LAW REQUIRES THAT THIS
LEGAL ADVERTISEMENT SHALL BE SET
IN TYPE NOT SMALLER THAN NONPAREIL (6 PT.)

CUSTOMER CODE : Z 91085

NEWSPAPER :NEWHALL SIGNAL

PUBLISH 3 TIMES

1ST PUBLISHING DATE:06/12/2014
2ND PUBLISHING DATE:06/19/2014
3RD PUBLISHING DATE:06/26/2014

REPRINTS ORDERED: NONE

NOTICE OF HEARING TO CONDUCT

HEALTH SPA/CLUB / SC

NOTICE IS HEREBY GIVEN THAT APPLICATION HAS BEEN
MADE TO THE LOS ANGELES COUNTY BUSINESS LICENSE
COMMISSION TO CONDUCT

ADVANCE PROOF REQUESTED

ADDRESS OF PREMISES:18645 VIA PRICESSA
SANTA CLARITA, CA 91350
NAME OF APPLICANT:24 HOUR FITNESS, INC/ KIMBERLY GRIFFIN
DBA 24 HOUR FITNESS #169
DATE OF HEARING:07/09/2014
TIME OF HEARING:09:00 A.M.

"ANY PERSON HAVING OBJECTIONS TO THE GRANTING OF
THE LICENSE MAY, AT ANY TIME PRIOR TO THE DATE ABOVE NAMED, FILE WITH THE BUSINESS
LICENSE COMMISSION HIS OBJECTIONS IN WRITING GIVING HIS REASONS THEREFOR, AND HE
MAY APPEAR AT THE TIME AND PLACE OF THE HEARING AND BE HEARD RELATIVE THERETO"

OFFICE OF THE COMMISSION:

BUSINESS LICENSE COMMISSION
500 W. TEMPLE STREET, RM 374
LOS ANGELES, CA 90012

RETURN TO:

LOS ANGELES COUNTY TAX COLLECTOR
BUSINESS LICENSE SECTION
225 N. HILL STREET RM. 109
LOS ANGELES, CA 90012



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90012



**BUSINESS LICENSE APPLICATION REFERRAL
SUMMARY SHEET**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **18645 VIA PRICESSA, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 252-7777**

OWNER OF BUSINESS: **KIMBERLY DIANE GRIFFIN**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **24 HOUR FITNESS #169**

MAILING ADDRESS: **1265 LAUREL TREE LANE, CARLSBAD, CA 92011**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

	<u>APPROVED</u>	<u>DATE</u>	<u>SIGNATURE</u>
<input type="checkbox"/> 1. Animal Care & Control			
<input checked="" type="checkbox"/> 2. Risk Management	YES	04/24/14	dmiles
<input checked="" type="checkbox"/> 3. Building & Safety	YES	04/22/14	dmiles
<input checked="" type="checkbox"/> 4. Fire Department	YES	05/07/14	tchen
<input checked="" type="checkbox"/> 5. Public Health	YES	04/25/14	dmiles
<input checked="" type="checkbox"/> 6. Treasurer & Tax Collector	YES	04/24/14	dmiles
<input checked="" type="checkbox"/> 7. Business License Commission			
<input type="checkbox"/> 8. Sheriff Department			
<input checked="" type="checkbox"/> 9. Regional Planning Commission	YES	04/17/14	tchen
<input type="checkbox"/> 10. Weights and Measures			
<input checked="" type="checkbox"/> 11. Publishing	YES	06/12/14	tchen
<input type="checkbox"/> 12. Public Works - EPD			
<input checked="" type="checkbox"/> 13. Sheriff Fingerprint	YES	04/30/14	tchen

Conditions:



Los Angeles County Treasurer and Tax Collector
Application for Business License



Please note: Business License fees are NOT refundable

Fee: \$ 425.00
1,683.00
2,108.00

ID # 140145

BUSINESS INFORMATION

Type of Business: <u>FOOD ESTABLISHMENT & HEALTH CLUB/SPA</u>	Address of Business: <u>18645 Via Princessa Santa Clarita, CA 91350</u>	
DBA (Business Name): <u>24 Hour Fitness #169</u>	Business Telephone: <u>(661) 252-7777</u>	
Mailing Address: <u>PO Box 2409 Carlsbad, CA 92018</u>		
Sellers Permit # (State Board of Equalization): <u>21-876740</u>		
Business Ownership Structure: Single Owner <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> If LLC or Corporation, the information below is required:		
Date of Incorporation: <u>1983</u>	Incorporated in the State of: <u>California</u>	
Exact Corporate Name: <u>24 Hour Fitness USA, Inc.</u>		
Names of Officers	Addresses	Titles
<u>Kimberly Griffin</u>		<u>VP & Corporate Counsel</u>

APPLICANT INFORMATION

Applicant's Full Name: <u>Kimberly Diane Griffin</u>		
Home Address:		
Home Telephone:	Cell Phone:	Email address: <u>kgriffin@24hourfit.com</u>
Social Security #:	Date of Birth:	Place of Birth:
Driver's License or State ID#:		Expiration Date: <u> </u> / <u> </u> / <u> </u>
Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	Height <u> </u>	Weight <u> </u> Hair Color <u> </u> Eye Color <u> </u>

The information contained herein is true and correct to the best of my knowledge and belief. As a condition of the issuance of the Business License applied for, I agree to submit any additional information that may be required, to conduct all phases of this Business License in accordance with regulations established for such business and to maintain all trucks and/or equipment that may be used in connection therewith in conformance with all applicable laws, ordinances and regulations.

Date: 4/23/14 Applicant's Signature: [Signature]

Application taken by: Date:

* If you suspect fraud or wrongdoing by a County of Los Angeles employee, report it to the fraud hotline at 1(800) 544-6861

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 18645 VIA PRICESSA, SANTA CLARITA, CA 91350

TELEPHONE: (661) 252-7777

OWNER OF BUSINESS: KIMBERLY DIANE GRIFFIN

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS #169

MAILING ADDRESS: 1265 LAUREL TREE LANE, CARLSBAD, CA 92011

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

RISK MANAGEMENT**LA COUNTY**☒ APPROVAL☐ DENIALRECOMMENDATION: _____

_____SIGNATURE: Kerry FouseDATE: 4/24/2014

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

*PAID
4/23/14 item*

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **18645 VIA PRICESSA, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 252-7777**

OWNER OF BUSINESS: **KIMBERLY DIANE GRIFFIN**

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **24 HOUR FITNESS #169**

MAILING ADDRESS: **1265 LAUREL TREE LANE, CARLSBAD, CA 92011**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

BUILDING & SAFETY

SANTA CLARITA

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION:

*There are no issues - I
recommend approval.*

SIGNATURE:

Deanna Hamrick

DATE:

4/22/14

BASIC LICENSE NO. **8436**

DATE **04/17/14**

IDENTIFICATION NUMBER **140145**

May-06-2014 12:54pm From-LACOFD FIRE MARSHAL

3238904055

T-979 P.006

F-448

0002/0005

03/22/2013 16:51 FAX 3612861134

Mar-22-2013 11:59am From-LACOFD FIRE MARSHAL

060004000

0003/005

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54070, Los Angeles, CA 90054-0070

**BUSINESS LICENSE
APPLICATION REFERRAL**

150
NASC

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 18649 VIA PRICCESSA, SANTA CLARITA, CA 91350

TELEPHONE: (661) 252-7777

OWNER OF BUSINESS: KIMBERLY DIANE GRIFFIN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS #169

MAILING ADDRESS: 1265 LAUREL TREE LANE, CARLSBAD, CA 92011

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**FIRE DEPARTMENT
LA COUNTY**

☒ APPROVAL

☐ DENIAL

RECOMMENDATION: RFS open for business

SIGNATURE: 

DATE: 3/23/13

BASIC LICENSE NO. 8435

DATE 03/15/13

IDENTIFICATION NUMBER 140145



COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



BUSINESS LICENSE
APPLICATION REFERRAL

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 18645 VIA PRICESSA, SANTA CLARITA, CA 91350

TELEPHONE: (661) 252-7777

OWNER OF BUSINESS: KIMBERLY DIANE GRIFFIN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS #169

MAILING ADDRESS: 1265 LAUREL TREE LANE, CARLSBAD, CA 92011

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

PUBLIC HEALTH
LA COUNTY

☒ APPROVAL

☐ DENIAL

RECOMMENDATION:

health permit # 188067

owner: 24 Hour Fitness USA, Inc.

SIGNATURE:

B. Tinoco

DATE:

4-25-2014



**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970



**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **18645 VIA PRICESSA, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 252-7777**

OWNER OF BUSINESS: **KIMBERLY DIANE GRIFFIN**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **24 HOUR FITNESS #169**

MAILING ADDRESS: **1265 LAUREL TREE LANE, CARLSBAD, CA 92011**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

TREASURER & TAX COLLECTOR

LA COUNTY

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: _____

SIGNATURE: _____

DATE: **3-26-14**

BASIC LICENSE NO. **8436**

DATE **04/24/14**

IDENTIFICATION NUMBER **140145**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

KIND OF BUSINESS: **HEALTH SPA/CLUB /SC**

ADDRESS OF BUSINESS: **18645 VIA PRICESSA, SANTA CLARITA, CA 91350**

TELEPHONE: **(661) 252-7777**

OWNER OF BUSINESS: **KIMBERLY DIANE GRIFFIN**

CAL. DR. LIC.# :

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: **24 HOUR FITNESS #169**

MAILING ADDRESS: **1265. LAUREL TREE LANE, CARLSBAD, CA 92011**

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: **NEW LICENSE**

**REGIONAL PLANNING
SANTA CLARITA**

☒ **APPROVAL**

☐ **DENIAL**

RECOMMENDATION: OTC 13-472. ORIGINALLY APPROVED
OVER THE COUNTER BY DAVE PETERSEN
ON 4/3/13.

SIGNATURE: Ben [Signature]

DATE: 4/17/14

BASIC LICENSE NO. **8436**

DATE **04/17/14**

IDENTIFICATION NUMBER **140145**

**COUNTY OF LOS ANGELES
TREASURER AND TAX COLLECTOR**

225 N. Hill Street Room 109, P.O. Box 54970, Los Angeles, CA 90054-0970

**BUSINESS LICENSE
APPLICATION REFERRAL**

14-00598

KIND OF BUSINESS: HEALTH SPA/CLUB /SC

ADDRESS OF BUSINESS: 18645 VIA PRICESSA, SANTA CLARITA, CA 91350

TELEPHONE: (661) 252-7777

OWNER OF BUSINESS: KIMBERLY DIANE GRIFFIN

CAL. DR. LIC.#:

NAME OF PERSON FINGERPRINTED:

FICTITIOUS NAME: 24 HOUR FITNESS #169

MAILING ADDRESS: 1265 LAUREL TREE LANE, CARLSBAD, CA 92011

DATE THAT YOU STARTED BUSINESS:

PREVIOUS OWNER'S NAME, IF KNOWN:

THIS IS AN APPLICATION FOR: NEW LICENSE

**SHERIFF FINGERPRINT
LA COUNTY**

✓ APPROVAL

DENIAL

RECOMMENDATION:

Approved

SIGNATURE:

[Signature]

53600 30

DATE: 4/30/14

BASIC LICENSE NO. 8436

DATE 04/17/14

IDENTIFICATION NUMBER 140145

Filed TIC 4/30

RB